MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				NO.	DEP.	NO.	DEP.	NO.	DEP.
	NO.	DEP.	NO.	DEP.	NO.	DEP.								
1	1	1						61						
2		1						62						
3		1						63						
4		1						64						
6	1	1						66						
6		1						66						
7		1						67						
8	1							68						
9		1						69						
10		1						60						
11		1						61						
12		1						62						
13		1						63						
14		1						64						
16								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								76						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						1
32								82						
33								83						
34								84						
36								86						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
46								96						
46								96						
47								97						
48								98						
49								99						
60								100						
TOTAL NO.	3							TOTAL NO.						
TOTAL DEP.	11							TOTAL DEP.						
TOTAL	14							TOTAL						